MAXIMUS Federal Services

Case Number:	CM14-0160803		
Date Assigned:	10/06/2014	Date of Injury:	08/27/2013
Decision Date:	10/31/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 38-year-old female with a date of injury of 08/27/2013. The listed diagnosis includes right knee internal derangement; lumbar spine radiculopathy and stenosis; and cervical spine discopathy with stenosis. According to progress report 08/22/2014, the patient presents with constant low back pain that travels down to the right leg. The patient also complains of right shoulder pain with movement. Progress report 09/09/2014 is handwritten and partially illegible. It was noted the patient underwent an MRI of the right knee and a pain management consultation. There was no examination findings documented. MRI of the lumbar spine from 06/17/2014 revealed grade 1 anterolisthesis at L4-L5 and spondylosis changes. The treater is requesting physical therapy 1 time a week for 4 to 6 weeks, acupuncture 1 time a week for 4 to 6 weeks, "MD medications," and a motor strength test. Utilization review denied the requests on 09/22/2014. Treatment reports from 04/01/2014 through 09/09/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physiotherapy one time a week for four to six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Myalgia, Myositis, Page(s): 98 99.

Decision rationale: This patient presents with continued neck, low back, and knee pain. The treater is requesting physiotherapy 1 time a week for 4 to 6 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. Physical therapy reports states that the patient has just completed a course of 10 physical therapy sessions. The most recent physical therapy report from 06/09/2014 indicates that the patient continues with lower back pain that traveling down to his knee. The treater's request for 4 to 6 sessions with the 10 sessions already received exceeds what is recommended by MTUS. Furthermore, the treater does not discuss why the patient would not be able to transition into a self-directed home exercise program. Therefore, the request is not medically necessary.

Acupuncture one time a week for four to six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture for pain Page(s): 98.

Decision rationale: This patient presents with neck, low back, and knee pain. The treater is requesting additional acupuncture 1 time a week for the next 4 to 6 weeks. For acupuncture, the MTUS Guidelines page 98 recommends acupuncture for pain, suffering, and the restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimum duration of 1 to 2 months. In this case, review of the medical file indicates that the patient participated in 5 acupuncture treatments. Acupuncture SOAP note from 05/09/2014 states that the patient continues with constant pain and soreness with spasm. SOAP note from 06/09/2014 again reports that the patient continues with "constant pain with muscle spasm." In this case, there is no functional improvement with acupuncture treatments to warrant additional sessions. MTUS requires functional improvement as defined by labor code 9792.20(e) as significant improvement in activities of daily living (ADL's), or change in work status AND reduced dependence on medical treatments. None of these are documented; therefore, this request is not medically necessary.

MD medications- Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MD medications Page(s): 8.

Decision rationale: This patient presents with neck, low back, and knee pain. Request for authorization from 09/09/2014 requests "MD medications." The review of the internist's most

recent progress report from 08/22/2014 shows check marks that indicate Motrin and Naproxen was dispensed. It is not clear if these are the medications that the treater is recommending for refill. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. The requested "MD medications" are non-specific; therefore, this request is not medically necessary.

Motor strength test - motor test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Range of Motion/Flexibility

Decision rationale: This patient presents with neck, low back, and knee pain. The treater is requesting a motor strength test. The ACOEM, MTUS and Official Disability Guidelines (ODG) do not specifically discuss motor strength tests. ODG under its low back chapter discusses Range of Motion / flexibility and states the following, "Not recommended as a primary criterion but should be a part of a routine musculoskeletal evaluation." ODG guidelines consider examination such as range of motion, functional ability etc. to be a part of routine musculoskeletal evaluation. Motor strength tests should be part of examination performed during office visitation. Therefore, this request is not medically necessary.